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Whilldin (J. G.)

AN ESSAY

ON THE

NATURE AND 'TREATMENT'

OF

THAT STATE OF DISORDER GENERALLY CALLED

DROPSY.



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PHILADELPHIA.

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1820.

TO THE MEMORY

OF

THE LATE DR. RUSH,

WHOSE MERIT WILL BE DULY APPRECIATED WHERE-

EVER HIS PRINCIPLES ARE UNDERSTOOD, THE

FOLLOWING ESSAY IS INSCRIBED, BY

THE AUTHOR.



PREFACE.

As I would not venture the following essay before the impartial tribunal of public opinion on its own intrinsic merit, justice to myself requires a brief explanation of the circumstances that have led to its publication; and as I profess to give a plain and candid narrative of facts, I shall be pleased to acknowledge any thing that may be hereafter found to be partial or essentially imperfect in my statement.

Having strictly complied with every prerequisite, I presented the following essay to the Dean of the Medical Faculty in the University of Pennsylvania, about the 20th of February last, and requested him to enter my name on the list of candidates for the degree of doctor of medicine, and on the 20th of the next succeeding month, having been previously notified by him, I appeared before the Faculty, to sustain the customary trial.

During my examination the Professor of the Practice of Physic stated to the rest of the Faculty, that he had read my thesis, and found my

pathological and practical views correct, but that I had gone from the point to give a loud denunciation against Nosology; that I declared it to be abandoned by every intelligent practitioner, and attributed our difficulty in EVERY instance to its influence; that I appeared to refer to what was going on in their school, and that he objected to the personality of my observations.

In answer to these remarks I said, that as I was discussing opinions and not characters, I deemed it my right to speak freely; that in denouncing Nosology, I had written without the slightest reference to individuals, and that so far from adverting to the state of affairs in their school, whatever might be my opinion, I would not impertinently obtrude it on the Faculty at that time.

With this explanation the Professor declared his most perfect satisfaction, and concluded my examination, when I retired according to custom, and after a few seconds was introduced by the Dean, UNCONDITIONALLY received by every member of the Faculty with the usual congratulations of admission, and requested to enrol my name in the list of graduates.

Supposing the decision of the faculty to be final, and believing nothing more would be required of me than to appear publicly to receive the honour that had been awarded me, I did not

hesitate to leave the city on the following day, but was greatly surprised on the evening of the 22d, at receiving from the Dean a note,* stating that he wished to see me with respect to my thesis, which, by a resolve of the Medical Faculty, would require some alterations. I returned home by the earliest opportunity, and on the evening of the 23d called on the Dean, who repeated what he had said in his note. On my declaring my perfect willingness to make any further explanation that might be considered necessary, and again disavowing any intention of personality, he declared that he and all the Faculty were perfectly convinced my remarks were not personal, but not approving of the opinions advanced in the parts of my thesis referred to during my examination, they did not wish to appear to sanction them by allowing them to remain therein.

Supposing that freedom of inquiry was at least permitted if not recommended, I endeavoured to defend the opinions I had advanced, but after an hour's conversation, was again told certain alterations must be made in my thesis, and requested to meet the Dean at the University on the ensuing morning that he might show me the objectionable parts. With this request I complied, when I was command-

* This note was dated 20th, and bore the post mark of 21st.

ed (with the threat that if I refused I should forfeit my degree) to remove the following portion of my thesis.

“Though there are unquestionably great difficulties essentially connected with the state of disease of which we are treating, I doubt not, indeed I feel confident that the want of success in attempts at its removal, is, in very many instances, attributable to the absurd practice of addressing our remedies to one particular symptom, without the slightest reference to the immense variety of circumstances under which it may occur. This the legitimate offspring of Nosology, is an evil greatly to be deplored, not only for the mischief it has done in the practice of regular physicians, but for the dreadful ravages it will yet commit, in the broad foundation it has laid of the grossest empiricism.

“Among the many evidences of its absurdity, Dr. Sydenham has recorded one instance in his *Treatise of the Dropsy*. Having succeeded in effecting a cure in one instance (the first which he had to treat) by a particular plan of treatment, he says he thought he had become master of an infallible remedy, and boldly and confidently administered it in the next case that came under his care, but having persevered in its use for some time his patient gradually grew worse, became dissatisfied and dismissed him. He fur-

ther adds, "if my memory does not fail me, she recovered by the assistance of another physician who administered more powerful remedies." And such will be the mortifying fate of every practitioner, who addresses his remedies to a name given to a variable combination of symptoms, instead of watching attentively their many changes, and varying his treatment accordingly.

"The late Dr. Rush very well compared a physician who pursued such a course, to the Bermudian sailor, who, when he set out on a voyage, threw out shingles from each side of his ship, to serve him as guides on his return.

"When the monster Nosology reigned unopposed, it was to be expected that such practice should prevail, but it is truly astonishing, that it should still have existence, where the first medical precept we are taught, is "to attend to the state of the system, and prescribe accordingly."

"If the force of error is so strong as to prevent us from acknowledging and embracing truth, when it is placed before us in its strongest light, how transcendently great must be the powers of that genius, which can bring it forth from the depth of obscurity, in which it is sometimes buried; and, divesting himself of the prejudices of early education, will firmly stand as its advo-

cate, regardless of the weight of opposition he must meet.

"I cannot here withhold my humble tribute of gratitude and praise to that great benefactor of mankind, whose gigantic powers shattered the fetters of Nosological tyranny, and who, while he warmly advocated the national liberty of his country, achieved her INDEPENDENCE in Medicine. Impelled by an ardent love for truth, and encouraged by the hope that it would finally prevail against the strongest opposition, Dr. Rush not only discovered and embraced it, but stood almost alone in its defence; and so far from being discouraged by the opprobrious epithets that were so abundantly showered on him, viewed them as incentive to increased efforts, and became stronger by resistance. But though he has done much, though he has routed the enemy, and made his final extermination inevitable, the conquest is not yet complete; and we still find that in the very quarter in which truth was first lighted, the magic spell of error is not yet entirely broken, and physicians too frequently follow its illusions."*

* Though this is not the place to enter into a formal defence of the opinions I have advocated, I may remark, that diseases, like plants and animals, were formerly divided into classes, orders and genera, and that some of these classifications consisted of many hundred supposed varieties, each of which required some specific difference in its treatment; that the late Dr. Rush exposed the fallacy of this artificial arrangement, totally reject-

I now expressed my astonishment that the Faculty should again call up that part of my thesis, their objections to which had been previously answered; informed the Dean that as I adopted or rejected opinions only from a belief of their correctness or falsity, I could not abandon any doctrines I had advocated except from a conviction of their being erroneous, and requested the Faculty would grant me some time to consider their demand. This request the Dean refused, telling me I had but one alternative, either to comply or lose my degree; and leaving me with direction to wait till he could converse with the rest of the Faculty.

After an interval of about an hour being called before that body, I was told by the Professor of Anatomy that the Faculty were dissatisfied with the part of my thesis previously shown to me, and insisted that it should be rescinded,

ed the practice of prescribing for a name applied to a variable and uncertain combination of symptoms, and substituted in its place a careful and unremitting attention to the fluctuating state of the system: and that for the promulgation of principles whose benefit to mankind is incalculable; principles which are now PRACTICALLY adopted by a vast majority of physicians in this country, and which are now daily gaining ground in Europe, he was greatly persecuted.

During my residence in the Philadelphia Alms-House, I had an opportunity of seeing the truth of these principles experimentally proved; and as I have adopted them from a firm conviction of their being correct, cannot hesitate to ascribe honour to their distinguished author.

and that I must immediately say yes or no. I replied, I was ready to conform to the laws of their school, if I would not be considered as in any measure abandoning my opinions. This being fairly understood, I complied with the demand; and now, to obviate any erroneous impressions as to the nature of my difficulty with the Medical Faculty, I submit to the public my essay as originally presented, and am at any moment ready to vindicate the opinions advanced therein.

J. G. W.

AN ESSAY, &c.

It is my design in the following pages, to present a few general observations, on the pathology and treatment of those preternatural accumulations of serous or watery fluid, which occur in the cellular membrane and circumscribed cavities of the body; and which have been comprehended by Nosological writers under the general appellation of Dropsy. These may occur in persons of both sexes and every age, though they are said most frequently to take place in women, and persons advanced in life.

They seldom appear as a primary affection of the system, but are generally a consequence of some previous disease, either general or local, and very frequently accompany obstructions and other disordered conditions of some one or more of the thoracic or abdominal viscera. They have been said to depend on a loss of equilibrium of action between the exhalant and absorbent vessels. Physiologists suppose that in

health the former of these secrete and pour into every interstice of the body, a fluid which answers certain purposes in the animal economy, and is prevented from accumulating by the action of the latter.

These two systems of vessels may be considered as antagonists, and so accommodated to each other, that when in health the action of the exhalants is increased, a corresponding change is produced in that of the absorbents; and when the force of the latter is diminished, a similar variation occurs in that of the former.

But when from any cause the action of the exhalants is increased, or that of the absorbents diminished, without the corresponding change in both, the necessary equilibrium is destroyed and the fluid accumulates.

The manner in which this destruction of balance is produced, has always been a subject of great controversy among Medical writers. "A debility of the solids," "a laxity of the exhalants," "a redundancy of watery particles, or deficiency of gluten, or red globules in the blood," "a plethora of the vessels," "a rigidity of the exhalants," "a palsy, debility, rupture or retrograde action of the lymphatics," with many other hypotheses, have been advanced to account for it, but have all been abandoned as altogether conjectural and unsatisfactory.

By Dr. Cullen and most European physicians,

these accumulations were supposed most frequently to depend on, or to be accompanied with diminished arterial excitement, and always originating in debility. This imaginary state of debility was considered a specific condition of the system, and was designated by the name of "Hydropic Diathesis."

This hypothesis was founded on the fact, that these collections of fluid most frequently occur in persons who have been enervated by previous disease or habits of intemperance, or who have lived on a scanty or poor diet.

Of late precisely an opposite opinion has been advanced, and it has been as strenuously insisted that they depend on a state of congestion and excessive action of the blood-vessels, and a "phlogistic diathesis" of the system. This opinion has been supported on the following grounds:

Firstly, Accumulations of fluid in the body, frequently appear immediately after those diseased conditions of the system, which are evidently accompanied with excessive arterial excitement, particularly where evacuating remedies have been entirely neglected, or but sparingly employed.

Secondly, They sometimes alternate or are connected with these states of disease.

Thirdly, This opinion of their nature was

supposed to be confirmed, by the remedies employed for their removal acting as evacuants.

Fourthly, As a congested state of a gland was deemed necessary to its increased secretory action, it was inferred that a similar state of the blood-vessels must occur in the cases under consideration.

But in all their speculations on this subject, Pathologists have considered the exhalants as mere passive continuations of the large arteries, and controlled in their operations solely and entirely by them. Viewing them in this light, our ideas of their diseased condition must necessarily be exceedingly limited and imperfect, and all our attempts to explain its phenomena, will not only prove abortive, but by adding to the difficulties which are essentially connected with it, will increase our perplexity, and, if possible, render the obscurity more obscure.

The human body may be compared to our great republic, in which the individual states composing it, enjoy their own peculiar privileges, and have their separate interests, in some measure independently, but at the same time derive all their strength from, and almost owe their existence to, their connection and mutual dependence; for while all the subordinate parts or sub-systems of the body perform their peculiar functions, they are so connected, and do so mutually depend on each other, both in health

and disease, that a change in the condition of one can scarcely occur without the operations of the rest being modified by it.

This connection has been called sympathy, and exists in different modes and with different degrees of force in different parts of the body; and though it is less apparent in some than in others, no division of the body can be said to be entirely out of the sphere of its influence.

Now, admitting the exhalants to the rank of a separate system, and allowing them to perform their own proper and independent office, we may readily admit that their operations are not entirely controlled by any particular grade of arterial excitement. By thus raising these vessels from their degraded state of dependence to their proper level, we will not hesitate to acknowledge that their action may be as easily modified by a disordered state of the stomach, liver, spleen, brain, lungs, or any other part of the body, under every possible variety of arterial excitement, as that the condition of any one of these may influence that of another without the necessary interference of the blood-vessels. The late Dr. Rush taught, that "the power of the exhalant and absorbent vessels is materially affected by too much or too little action in the arterial system." That both these states of arterial excitement do frequently accompany an improper action of the exhaling and absorbing

vessels, is certain; that they often modify it, or that they may sometimes cause it, cannot be denied; but that they produce or keep it up in every case, is extremely problematical. Though he only asserts that the power of these two systems of vessels is *modified* by the two opposite states of arterial action above mentioned, yet from the division of the diseased state under consideration which he has adopted, viz. into tonic and atonic, he appears to consider it as depending on them. If in every instance one or the other of these two states of action of the arteries occurred, we might hesitate in doubting the correctness of this opinion, but we can assert, without the fear of contradiction, that this is not the fact.

Many attempts have been made to divide these accumulations into distinct genera, according to their seat, or the supposed state of the circulating fluids. The division in most general use, is that founded on the seat of the collection; but as each of these varieties may occur from different causes, or all from the same common causes, and as all require nearly the same general treatment, this arrangement is of little practical utility, though it may assist us in our prognosis; the danger depending *cæteris paribus* on the importance of the part to vitality.

A preternatural collection of fluid may occur in one part of the body without affecting any

other; or it may pervade the whole system at once. There are few symptoms attending it that can be regarded as essentially connected with, or universally attendant on it; perhaps the only invariable one is the swelling, which when it occurs externally is visible, and presents an appearance easily recognized; and when internally, produces more or less derangement in the functions of organs in its neighbourhood.

Most frequently it first makes its appearance in the lower extremities, producing in the commencement a soft inelastic swelling of the feet and ankles, which becomes pitted by pressure with the finger, and very slowly returns to its former shape, after the pressure is removed. The swelling is generally most evident after the patient has remained some time erect, (particularly if he use no exercise) and subsides partially when he is in a recumbent posture.

Continuing to increase, the swelling advances gradually to the thighs, and the scrotum, and penis sometimes become enormously distended. While it remains confined to the extremities, and is connected with no derangement of any of the viscera, it produces no very great inconvenience; but in the majority of instances, it extends to the abdomen, occupying not only the cellular membrane of its parietes, but also its cavity, and interfering with the functions of the viscera contained in it.

The patient now complains of a sense of weight in the part, and his respiration becomes difficult, particularly when he is in a recumbent posture. If at this time the abdomen be gently struck with the fingers, an evident fluctuation may be perceived, which serves to characterise the swelling, except perhaps when the fluid is contained in distinct sacs. Still advancing, the fluid next invades the thorax, occupying the pericardium, or one or both sacs of the pleura; and now symptoms the most distressing in their nature appear.

The patient breathes with great difficulty, is troubled with an almost incessant cough, attended sometimes with a sense of suffocation; his countenance is sallow, bloated and dejected; his spirits are greatly depressed; he cannot rest in a recumbent posture; his sleep is short, interrupted, unrefreshing, and attended with unpleasant dreams. Every violent exertion of body, or agitation of mind, produces the most distressing palpitation of the heart. If the accumulated fluid is confined entirely to the cavity of the thorax, this affection may be confounded with some of the disordered states of the viscera, particularly of the heart and large arteries. It has been said, it may sometimes be distinguished by an evident enlargement and change of form in one or both sides of the thorax; but, though this may sometimes occur, it is not very common. Some have

supposed, that by striking the sternum with the fingers, the fluid would be set in motion, and its fluctuation might be heard. Pressure on the abdomen has also been employed as a mode of distinguishing this from other diseased conditions of the thorax. This, by forcing the abdominal viscera upwards, diminishes the capacity of the thorax, and thus interferes with the operations of the viscera contained within it; but it as effectually does this in any of the derangements of the thoracic viscera, as when a fluid is collected in that cavity. In fact, I believe there is no one diagnostic symptom that can be said to be perfectly conclusive and satisfactory.

In all cases where this accumulation occurs, whatever may be its situation, if any other disorder of the system accompany it, the symptoms of both are for the most part greatly aggravated, and a state of things is produced very difficult of management. Indeed it seldom does take place unattended with evidence of a disordered state of some other parts of the body besides those employed in the secretion and absorption of the fluid.

The stomach and alimentary canal may be variously affected. Sometimes they continue to perform their functions with integrity, but generally they are more or less implicated, and frequently we have reason to suspect the cause of all the mischief to originate in them. The liver

seldom remains free of disease, and perhaps never, in persons who have produced the disorder by excess in eating or drinking. This viscus is indeed generally the first to fail under the heavy burden imposed on the system by intemperance.

As might be anticipated, the arterial system, which has been very appropriately styled the dial plate of the general system, and which sympathises so promptly and universally with all other parts of the body, generally deviates more or less from its healthy course, and the pulse is said most frequently to become small, frequent, and hard, and when the fluid occupies the thorax, an intermission or occasional long interval between the pulsations is often perceptible. But though the state of the pulse which I have mentioned most frequently prevails, we have ample evidence from the records of cases, in which the condition of the arteries has been noticed, that every possible variety occurs in its volume, frequency and force.

The kidneys so frequently participate in this state of disorder as even to have been suspected as its primary seat. The urine is generally greatly diminished in quantity, and there is often so striking an alteration in its qualities, as to have rendered it the subject of much curious investigation. Dr. John Blackall, a distinguished English physician, has examined these changes with great industry and care, and particularly

the property which it sometimes acquires of coagulating by the application of heat, or the addition of nitric acid to it. He asserts, as the result of his numerous experiments, that this property is possessed by the urine in cases attended with an increase of arterial excitement; that urine scant in quantity, high coloured, depositing a red sediment, and not coagulable by heat or nitric acid, is indicative of a diseased, disordered, or congested state of some of the viscera; and that in cases attended with a feeble condition of the blood-vessels, the urine is pale, diminished in quantity, is not coagulable by heat or nitric acid, and does not deposit any sediment.

Though this statement, if correct, furnishes us with some curious facts on the subject, it is not probable that physicians will ever relinquish the pulse in ascertaining the state of arterial excitement; or the various alterations of the different secretions in acquiring a knowledge of the condition of the viscera, for these uncertain changes in the quantity and properties of the urine. In fact, the urine sometimes continues entirely unaltered; but, if even in every instance some change should occur, or specific alterations should even be produced in particular cases in its properties, they would then afford us but little aid in practice, except as collateral evidence of the state of the system.

TREATMENT.

To enumerate the various articles employed for the cure of this disordered condition of the system, would make it necessary for me to notice almost every article of the *Materia Medica*, for there are few remedies that have not at some time been used for its removal, and of whose efficacy there is not some evidence on record. Physicians, generally considering the removal of the accumulated fluid the chief and most urgent indication, direct all their inquiries and researches to the discovery of articles calculated to accomplish this purpose; and, no sooner do they find one to produce the effect in a few instances, than they publish and set forth its virtues in the most glaring colours; and the fancied specific is indiscriminately employed in every case. This, as might be anticipated, having, from its injudicious administration, often failed of effecting the promised cure, or sometimes even produced positively injurious effects, is not only stripped of its ill acquired fame, but is denied the merit to which it may perhaps be really entitled. and is succeeded by some other remedy equally extolled, which must inevitably soon share the fate of its predecessor. But, when we consider the immense variety of circumstances under which the proper balance of action between the exhalant and absorbent systems may occur, we

will not be surprised to find that a mode of treatment which will at one time prove entirely efficacious, will at another time not only fail of success, but even produce effects decidedly injurious; for here, as in all other cases, "correct practice consists in the administration of proper medicines in their proper places." *Though there are unquestionably great difficulties essentially connected with the state of disease of which we are treating, I doubt not, indeed I feel confident, that the want of success in attempts at its removal, is in very many instances attributable to the absurd practice of addressing our remedies to one particular symptom, without the slightest reference to the immense variety of circumstances under which it may occur. This, the legitimate offspring of nosology, is an evil greatly to be deplored, not only for the mischief it has done in the practice of regular physicians, but for the dreadful ravages it will yet commit, in the broad foundation it has laid of the grossest empiricism.*

Among the many evidences of its absurdity, Dr. Sydenham has recorded one instance in his Treatise of the Dropsy. Having succeeded in effecting a cure in one instance (the first which he had to treat) by a particular plan of treatment, he says he thought he had become master of an infallible remedy, and boldly and confidently administered it in the next case that came

under his care, but having persevered in its use for some time, his patient gradually grew worse, became dissatisfied and dismissed him. He further adds, "if my memory does not fail me, she recovered by the assistance of another physician, who administered more powerful remedies." And such will be the mortifying fate of every practitioner who addresses his remedies to a name given to a variable combination of symptoms, instead of watching attentively their many changes, and varying his treatment accordingly.

The late Dr. Rush very well compared a physician who pursued such a course to the Bermudian sailor, who, when he set out on a voyage, threw out shingles from each side of his ship to serve him as guides on his return.

When the monster Nosology reigned unopposed, it was to be expected that such practice should prevail; but it is truly astonishing that it should still have existence, where the first medical precept we are taught is, "attend to the state of the system and prescribe accordingly."

If the force of error is so strong as to prevent us from acknowledging and embracing truth when it is placed before us in its strongest light, how transcendantly great must be the powers of that genius which can bring it forth from the depth of obscurity in which it is sometimes buried, and divesting himself of the prejudices of early education, will firmly stand as its adro-

cate, regardless of the weight of opposition he must meet!

I cannot here withhold my humble tribute of gratitude and praise to that great benefactor of mankind, whose gigantic powers shattered the fetters of nosological tyranny; and who, while he warmly advocated the national liberty of his country, achieved her INDEPENDENCE in medicine. Impelled by an ardent love for truth, and encouraged by the hope that it would finally prevail against the strongest opposition, Dr. Rush not only discovered and embraced it, but stood almost alone in its defence; and so far from being discouraged by the opprobrious epithets that were so abundantly showered on him, viewed them as incentive to increased efforts, and became stronger by resistance. But though he has done much, though he has routed the enemy, and made his final extermination inevitable, the conquest is not yet complete, and we still find that in the very quarter in which truth was first lighted, the magic spell of error is not yet entirely broken, and physicians too frequently follow its illusions.

OF BLOODLETTING.

Of the particular remedies, the first I shall take the liberty to speak of is venesection. This has been the subject of no small controversy among physicians; their different opinions re-

specting the pathology of this variation of the body from its healthy state, having led them to the adoption of very opposite modes of treatment. On the one side it is maintained that it originates in, or depends on "debility," and requires an invigorating plan of treatment. Hence arises a most pernicious practice of administering without distinction or reserve, cordial and stimulating remedies in every case, while most evacuating measures are forbidden, particularly venesection, which is considered as seldom admissible, and always hazardous, and which, though it has been occasionally employed from the time of Hippocrates to the present day, has been generally looked on as a deviation from established rules of practice. So much indeed is its use deemed by many an innovation, that they employ the lancet with all the caution necessary in a most dangerous experiment, and when they do venture upon its use, they do it with a view of relieving some distressing or immediately dangerous symptom, rather than as a part of a curative plan.

Dr. Donald Monro, in his essay on the dropsy, says, "If the obstruction is sudden and the patient strong and plethoric, bleeding must not be omitted; for daily experience teaches us that in this manner alone, vessels obstructed by fulness or by too great contractility of their sides, can be safely, speedily, and agreeably freed from

these disorders." Again, "Where the blood is thick and sizzly, and its momentum too great in the vessels, which is often the case with young people, the cooling antiphlogistic method must be pursued, and the patient must be blooded, although the symptoms of the dropsy manifestly appear." But so little was he guided by correct principles in the employment of the lancet, that having two patients at the same time under similar circumstances, after the one had gradually grown worse under the use of other remedies, he directed her to lose six ounces of blood, to relieve a great difficulty of breathing under which she laboured. This had the desired effect, and the medicines which she had before taken without any benefit now operated well, and after a second bleeding, she recovered. And of the other he says, "I at first ordered him the same medicines as Mary Wood, and on the 25th* was intending to have had him blooded as well as her, but from the prejudice there is against bleeding in dropsical cases, I thought it was better to delay it till I saw what effect it should have on the girl. I returned next day to the hospital, to see these two patients, but the boy was dead." Though in the first of these cases bloodletting was directed only with a view of relieving a distressing symptom, it performed a principal part

* The day on which the girl was first bled.

in the cure. I may here observe, that in both these cases the pulse was small and quick.

We find even Dr. Blackall, the most approved modern writer on this subject, betraying the same distrust of the remedy. Thus restricted to the age or previous habits of the patient, the duration of his disease, or a few particular symptoms that may sometimes attend, the application of the remedy is exceedingly limited, and we are left to combat the disorder in its most inveterate forms, with less powerful weapons.

While I thus advocate the judicious employment of the lancet, I would not go the length of those who suppose the disorder to depend on a "phlogistic diathesis" (a state of the body equally indefinite and unintelligible with that of 'debility') and insist that bloodletting is generally necessary, and some depletory measures always indispensable, and thus, by shunning one error, fall into another equally pernicious.

Of the nature of the diseased operations in the system which produce this phenomenon, or how remedies act in preventing or removing it, we are equally ignorant. Nor can I take on myself to say what are the precise circumstances under which bloodletting is proper or necessary, though we have abundant evidence that it is frequently "the remedy."

Indeed I can see nothing in the circumstance of a fluid being diffused through the cellular membrane, or collected in too great quantity in a cavity of the body, to preclude the use of the lancet. The pulse, which in these cases is seldom noticed, and even by some totally disregarded, frequently calls imperiously for the lancet, being full, hard, and frequent; and I am persuaded from actual experiment, that the small chorded pulse, which so frequently attends, does not of itself forbid its use.



Having already transgressed the limits I had prescribed for the present purpose, I shall only beg indulgence while I briefly notice a few other remedies.

To do the subject justice, and assign to each of the many remedies its proper place, is a task for which I confess myself wholly incompetent.

EMETICS are said in some instances to have caused the very rapid removal of the accumulated fluid. Where the stomach is greatly involved in the disorder, they may be necessary, and from the influence which the state of the stomach has over the action of the absorbents, they may produce very salutary effects even where that viscus remains undisturbed.

The very frequent propriety of PURGES in these cases is universally acknowledged, though

some practitioners prefer the more lenient, and others, the most drastic. In our choice of purges, however, we must be regulated by the circumstances of the case. Where there is torpor of the bowels, and insusceptibility to the operation of mild purges, drastic ones are to be employed. The cathartic in most common use, and the one which will be perhaps applicable in the greatest number of instances, is a combination of cream of tartar and jalap. The manner in which I have seen it administered, is—one drachm of the former, with a scruple or half a drachm of the latter, every day or two, according to circumstances. Dr. Chapman recommends one drachm of cream of tartar, with ten or fifteen grains of jalap, given twice or thrice a day, so as to keep up a constant catharsis; and of its efficacy thus exhibited, he speaks in the highest tone of confidence.

Of the numerous articles comprised under the head of **DIURETICS**, all have been occasionally employed. The one most confided in at present, is the squill. This, given in doses of two or three grains, three or four times a day, either alone, or in combination with calomel or nitre, or sometimes with both, will often prove very serviceable.

DIGITALIS, which once held so exalted a rank among the articles of the *Materia Medica*, was at one time greatly depended on by physicians

in the cases before us. To know how to estimate the value of this article, I confess myself perfectly at a loss. To form an estimate of its worth, from the slender experience which I have had of its effects, would indeed be rash; though, in the few instances in which I have seen it employed, it has disappointed my hopes. There is very high authority for and against this article; and there is great diversity of opinion respecting the cases to which it is best adapted. Dr. Withering, one of its first and greatest advocates, recommended it in cases attended with a weak state of arterial excitement, while some other physicians think it better suited to cases of an opposite character. Judging from its common effects, we should be led to adopt the latter opinion. Dr. Chapman, however, thinks it adapted exclusively to those cases in which Dr. Withering recommended it; and this opinion he supports, from his own success in a great many instances.

Other NARCOTICS besides digitalis have been used, and among these tobacco has acquired some reputation. OPIUM has sometimes been very serviceable.

Among the great number of remedies that have been serviceable, we might enumerate rest, exercise gentle or laborious, fasting, low diet, generous living, abstinence from, or the very liberal use of drink, heat or cold either

dry or combined with moisture, most of the mineral and vegetable tonics, with many others. In the choice of these, the discriminating judgment of the physician must be exercised.

Of the passions of the mind, **FEAR** is the only one which has produced any very decided advantage.

The local remedies that have been here employed are—

Firstly, **PUNCTURES**. These are often serviceable when the swelling of the body and limbs is very great, but their effects are only palliative and temporary. The employment of punctures and scarifications is objectionable on account of the troublesome ulceration which sometimes follows it, especially where there is not great caution used in preventing their extending too deep.

Secondly, **PRESSURE**. This is effected by means of bandages carried firmly round the limbs and body of the patient. The best material for this purpose is flannel.

Thirdly, **FRICTIONS**, either with the dry hand, or with flannel impregnated with some stimulating substance, have been occasionally employed very advantageously. When the fluid occupies the extremities, great advantage may be sometimes derived from rubbing the limbs upwards, in the morning before the patient rises

from bed, and applying a flannel roller very firmly.

Fourthly, **BLISTERS** have, in some instances, proved highly beneficial. Their employment is objected to on account of their having sometimes produced gangrene and mortification of the parts to which they were applied; but this effect is not to be apprehended, except in cases where the skin is greatly distended, and the circulation very languid in it.

Fifthly, When the fluid occupies the abdominal or thoracic cavity, and the symptoms become very urgent, the operation of **PARACENTESIS** is sometimes resorted to.

Tapping the abdomen is an easy and safe operation, but from the difficulty of ascertaining the precise seat of the fluid in the thorax, the operation for relieving that cavity is now nearly if not entirely abandoned.

To the remedies already enumerated might be added many more, if it were requisite; I regret indeed that the list is so extensive, as it only tends to prove their uncertainty. But I look forward to the day in which the catalogue will be greatly abridged; when, in the place of the many uncertain remedies, we shall possess a few which, judiciously administered, will be of less doubtful efficacy.

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